

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 17012
Application ID: 10064718
Title of Invention: Pressure Vessel With Composite Sleeve
First Named Inventor: Wyatt Hargett
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-08-09
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 1700.80B
Digital Certificate Holder: cn=Philip Summa, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: BwztWalpF6d6zA09r8Tgsw==
Total Fees Authorized: \$547.0

Payment Category: CC - Credit Card
Credit Card Number: *****1001
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RAM User ID: EFSPROD
RAM Accounting Date: 2002-08-09
RAM Sequence Number: 503494
RAM Payment Status: RAM success
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Submission Type: Utility Patent Filing

specification

XMLSpec80b.xml

Attached Image File(s):

DeclarationPage1.tif

DeclarationPage2.tif

DeclarationPage3.tif

Comments:

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PTO/SB/01 (3-97

Approved for use through 9130/98. OMB 0651-0032
Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number	1700.80
First Named Inventor	Hargett et al.
COMPLETE IF KNOWN	
Application Number	09/260,209
Filing Date	03/01/1999
Group Art Unit	1743
Examiner Name	

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRESSURE VESSEL WITH COMPOSITE SLEEVE

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 03/01/1999 as United States Application Number or PCT International

Application Number 09/260,209 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO /SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20221

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Approved for use through 9130198, OMB 0531-003

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.5 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input type="checkbox"/> Customer Number	021176	Place Customer Number Bar Code Label here
OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		

Name	Registration Number	Name	Registration Number
Philip Summa	31,573		
Richard L. Additon	43,460		
Stanley B. Baker	35,058		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 021176 OR ☐ Correspondence address below

Name	PHILIP SUMMA, Patent Attorney				
Address	13777 Ballantyne Corporate Place				
Address	Suite 315				
City	Charlotte	State	NC	ZIP	28277
Country	US	Telephone	704-945-6700	Fax	704-945-6735

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Wyatt Price		HARGETT, Jr.			
Inventor's Signature	<i>Wyatt Price Hargett, Jr.</i>			Date	4/30/94
Residence: City	Matthews	State	NC	Country	US
Post Office Address	3201 Pleasant Plains Road				
Post Office Address					
City	Matthews	State	NC	ZIP	28105
				Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

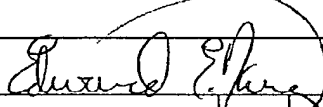
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Edward Earl				KING			
Inventor's Signature						Date	4/30/99
Residence: City	Charlotte	State	NC	Country	US	Citizenship	US
Post Office Address	4709 Pineland Place						
Post Office Address							
City	Charlotte	State	NC	ZIP	28277	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 547

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1001
Expiration Date: 20040731
Authorized Name: Philip Summa
Billing Address: 28277

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 35	203	\$ 9	15	\$ 135
Independent Claims: 4	202	\$ 42	1	\$ 42

Subtotal For Extra Claims Fees: \$ 177